

317  
10

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>S</i>	JC 886	03-06-01
<b>RESPONSE FORMALITY REVIEW</b>	<i>MT</i>	593	65/05/01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final Original	03 07 05 10 06 02 0203
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20	N N
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If more than 150 claims or 10 actions  
staple additional sheet here

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